STATEMENT OF CLAIMANT FORM FOR

DOMESTIC USE AMENDMENT

CLAIM BEING AMENDED		
NO. 39		

SUPERIOR COURT OF MARICOPA COUNTY

(Clai	imant imant	· Addrass.	City
,	Cia	manı		Zip CodeTelephone
			•	
	_		Claim:	1 1 1 1 4 1 10 1010 1074 Weeks Disks Davis of A
. 1	Α.	L	Appropriation Right a Registry No.	ecquired prior to June 12, 1919, 1974 Water Rights Registration Ac
(В.		Appropriation Right a	cquired after June 12, 1919. Application No
			Permit No.	, or Certificate of Water Right No
(C.		•	incipal litigants, court, date and case no.:
1	D.			dwater. Grandfathered Right No.
6	E.		Other, describe:	
. (Ciai	med	Priority Date:	(month/day/year)
5	Sou	rce o	f Water:	
/	A.			, tributary to
6	В.		Spring: name	, tributary to
(C.		Lake or Reservoir: nam	e, tributary to
[D.		Groundwater	
,	A.	Leg	al description of the P	oint of Diversion:
		Cou	nty	_, Section, Township N/S, Range E/W
		Leg	al Subdivision:	
			. ¼, ¼ of the	e Section
	В.	Leg	al Description of Piace	e of Use: (one of the following)
		Cou	nty	., Section, Township N/S, Range E/W
			¼, ¼, ¼ of the	
			el I.D	, or Block No Lot No
ı.	f oh			or Other Uses supplied from the point of diversion, describe:
_				or Other Oses supplied from the point of diversion, describe.
N	/lea	ns of	Diversion:	
A	١.,		Instream pump.	
В	١,		Gravity flow into ditch,	canal or pipeline.
С	;.		Well: Arizona Departr	ment of Water Resources Well Registration No. 55-
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8.	Number of persons or dwellings served by this use.
9.	Annual Volume Claimed:acre-feet
10.	It may be necessary for a representative from the Department of Water Resources to inspect the place of use and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant
11.	Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person?
12.	Additional comments:
13.	(attach additional sheet if required) AZ DEPT OF WATER RESOURCES Mall form(s) to: ADJUDICATIONS PO BOX 36020 PHOENIX AZ 85067-6020
14.	Notarized Statement:
	the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my(our) knowledge and belief true, correct and complete.
4	(seal)
	My Commission Expires: Notary Public
	or,

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